

UNIFIED PROGRAM (UP) FORMS



This sample consolidated Contingency Plan and Inventory is provided to assist small businesses in

accurately completing the Unified Program Forms.

The consolidated Contingency Plan and Inventory form (OES 2731) should be completed to reflect your particular business operation.

The suggested answers in this sample document are provided for reference only.



UNIFIED PROGRAM (UP) FORM BUSINESS ACTIVITIES

Page 1 of																		
						I. F	FACIL	.ITY	IDE	NTI	FICA	OIT	Ν					
FACILITY ID # Official use															,	Hazardous Wa	aste Only)	2
BUSINESS NAME (Same as Facility Name of DBA-Doing Business As) 3																		
My company																		
II. ACTIVITIES DECLARATION																		
NOTE: If you check YES to any part of this list,																		
please submit the Business Owner/Operator Identification page.																		
	Does your facility If Yes, please complete these pages of the UP FORM										ORM							
A. HAZARDOUS M																		
Have on site (for any p liquids, 500 pounds for liquids in ASTs and US extremely hazardous s B; or handle radiologic required pursuant to 10	solids, STs); or ubstandal al mate	, or 2 the ice s erials	200 o app speci s in o	cubic fe licable l fied in 4 quantitie	et for c Federal 10 CFR es for w	omprothres	essed g shold qu 355, Ap	ases (antity pendix	include for an		☑ YES		NO	4	- CH 4 CC (Sec	ZARDOUS M EMICAL DES NSOLIDATEI tion I and Site AINING PLAN	SCRIPTION D CONTINGE Map(s))	
B. UNDERGROUND	STO	RAG	GE	TANKS	(UST	<u>s)</u>									4US	Γ FACILITY		
 Own or operate 	underg	grou	nd s	torage t	anks?					[YES	⊠ I	NO	5	4US	TANK (one pa	age per tank)	
2. Intend to upgrad	de exist	ting	or in	stall ne	w UST	s?				[YES	⊠ I	NO	6	4US	FACILITY		
											4US	TTANK (one pe TINSTALLAT IPLIANCE (one	ION - CERTI	FICATE OF				
Need to report of	_									[YES	⊠ I	NO	7	4US	TANK (closure	e portion –one pag	ge per tank)
C. ABOVE GROUN							ANKS (ASTs)	<u>)</u>									
Own or operateany tank capa											YES	□ I	NΟ	Ω	NO F	ORM REQUI	RED TO CUE	ΡΔς
the total capa		-			-			ons?			_ 1L3		VO	0	1101	OKW KEQO	INED TO OUT	AS
D. HAZARDOUS W				<i>y</i> - <u>U</u>		,	<u> </u>											
Generate hazar											YES		NO	9	4 EPA ID NUMBER – provide at the top of this page. 4 As a generator, answer YES to Item E2b and complete Waste Generator Form.			
Recycle more t recyclable mate						or e	xempted	ı			☐ YES ☑ NO 10 4 RECYCLABLE MATERIALS REPO			REPORT				
Treat hazardou					,						_ ∃YES	— ⊠ 1			4 ONSITE HAZARDOUS WASTE			
											0	۰			4 ON TRE	ATMENT – FA ISITE HAZAR ATMENT – UI	DOUS WAST	er unit)
 Treatment subj Permit by Rule 							ents (to			[YES	⊠ I	NO	12		RTIFICATION URANCE	N OF FINANC	IAL
5. Consolidate h	nazardo	ous v	wast	e gener	ated at	a ren				[YES	⊠ I	NO	13	4 RE SITE	MOTE WAST ANNUAL NO	TIFICATION	
6. Need to report hazardous was						k that	was cla	ssified	d as	[]YES	⊠ N	10	14		ZARDOUS W TIFICATION	ASTE TANK	CLOSURE
E. LOCAL REQUIR				u onsii	<u> </u>										CLK	TIFICATION		15
1. REGULATED SUBS	STANCE	ES																
Have Regulated Substances (RS) including Extremely Hazardous Substances (EHS) stored on site at greater than the threshold planning quantities established by the California Accidental Release Program (Cal ARP)?]YES	⊠ 1	10	15a	requi 4 Re	dition to Haza rements, com gulated Subst k Manageme	plete: ance Registra	ation			
	2. OTHER REQUIREMENTS a. Have hazardous materials stored on site at or above a threshold amount 15b 4 Consult local CUPA or PA for added																	
established by a	CUPA's	s or l	PA's	local o	rdinand	e?		ui			∃YES	⊠ 1	10			ting requirem		
b. Required by a CU	IPA or I	ra t	o pr	ovide of	ner info	ormat	ion?				∃YES		10	15c	4 Wa	ste Generato	r Form (LA Co	ounty)
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OFFICIAL USE ONLY			UP F	orm	HW		HM		ARF	,	AS	I		UST		TP	CUPA	PA



UNIFIED PROGRAM (UP) FORM **BUSINESS OWNER/OPERATOR IDENTIFICATION** (Form 2730)

NEW BUSINESS ☐ OUT OF	BUSINE	SS REVISE/U	PDATI	E (EFFECT	TIVE /	/)						PA	GE OF
				I. II	DENTIF	ICATIO	N						
FACILITY ID#								1 BEGIN	NING [DATE	100 ENDIN	IG DATE	101
Official use only								2003	/01/01		2003	/12/31	
BUSINESS NAME (Same	as FACIL	ITY NAME or DBA	– Doi	ng Busines	s As)					3 BU	ISINESS PHON	1E	102
		My Compa	any							(0	00) 000-000	0	
BUSINESS SITE ADDRE	ESS										•		103
		123 Any S	tree	t									
CITY		Any Town						104	CA	ZIP COD	E	90000	105
DUN & BRADSTREET									106	SIC COD	E (4 digit #)	0000	107
COUNTY LOS ANGE	LES								108		RPORATED [] Yes 🔲 N	lo ^{133a.}
BUSINESS OPERATOR	NAME								109	BUSINES	SS OPERATOR	PHONE	110
		John Smit	h								(111) 11 ²	1-1111	
				II.	BUSIN	ESS O	WN	IER					
OWNER NAME									111	OWNER	PHONE		112
	,	John Smitl	h								(111) 11 ²	1-1111	
OWNER MAILING ADDR	RESS												113
		456 Other	Stre	et									
CITY		Any Town						114 S	TATE (CA	115 ZIP CO	DE 90000	116
				III.	ENVIR	ONME	NT	AL CON					
CONTACT NAME									117	CONTAC	T PHONE		118
		S.A.A.								S.A.A.			
CONTACT MAILING AD	DRESS	3								I.			119
		S.A.A.											
CITY		S.A.A.						120 S	TATE (CA	121 ZIP COI	DE S.A.A.	122
-PRII	MARY	'-		IV.	EMERG	SENCY	CC	NTACT	S		-SI	ECONDAR	Y-
NAME							123	NAME					128
	J	lohn Smith	1							Jan	e Smith		
TITLE							124	TITLE					129
	(Owner and	Ope	erator						Man	nager		
BUSINESS PHONE	(000) 000-00	000				125	BUSINE	SS PHO	ONE (000) 000-0000		130
24-HOUR PHONE	(1	l <mark>11) 111-11</mark>	11				126	24-HOU	R PHO	NE (333)	333-3333		131
PAGER #	(2	<mark>222) 222-22</mark>	222				127	PAGER	#	(444)	444-4444		132
				V. <i>i</i>	ADDITIO	ONAL	_00	CALLY C	OLLE	CTED IN	IFORMATIO	N	133
NUMBER OF EMPLOYE	ES #	of employee	s he	re	133	3b FE	DER	AL TAX ID	ENTIFIC	CATION NU	JMBER Fede	eral Tax ID he	re ^{133c}
				MAI	LING/ B	ILLING	IN	FORMA	ΓΙΟΝ				
ADDRESS					133					133e S	TATE 133f	ZIP CODE	133g
	1	23 Any Str	eet					Any Tow	'n	(CA	90000	
Certification: Based on rexamined and am familia	ny inqu	iry of those in	divid				ng th	e informati	on, I cei			nat I have pers	sonally
SIGNATURE OF OWNER/O	PERAT	OR OR DESIGN	VATE	D REPRE	SENTATIV	E	D	ATE	134	NAME O	F DOCUMENT P	REPARER	135
	S	ignature H	ere					2003/01	/01	Joh	nn Smith		
NAME OF SIGNER (print)		ignature in	CIC			136	Т	ITLE OF SIG		001	III OIIIIIII		137
, ,	J	ohn Smith								Ow	ner and Op	erator	
		Jim Jiman									nor una op	or ator	
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OI I TOTAL OUE ONLY		UP Form	HW		НМ	AR	۲	AST		UST	TP	CUPA	PA
				1			-					<u> </u>	
INSPECTOR	DIST	RICT		DATE	OF INSPE	ECTION		IVISION		BATTA	LION	STATION	



COVER PAGE

FACILITY IDENTIFICATION							
BUSINESS NAME			3	FACILITY ID # 1			
My Company				Official use			
SITE ADDRESS	103	CITY	104	ZIP CODE 105			
123 Any Street		Any Town		90000			

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

- π Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- mathragardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,
- Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641).

This format is designed to reduce duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

PROGRAMS	SECTION(S) TO BE COMPLETED
Hazardous Materials Business Plan (HMBP)	Cover Page, Section I, and Site Map(s)
Hazardous Waste Generator (HWG)	Cover Page, Section I, and Site Map(s)
Underground Storage Tank (UST)	Cover Page, Sections I and II, and Site Map(s)
HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)

A copy of the plan shall be submitted to your local CUPA and at least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

A copy of the Contingency Plan is kept on file in the company office.

PLAN CERTIFICATION							
I certify under penalty of law that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge the information is accurate, complete, and true.							
Printed Name of Owner/ Operator	Title of Owner/Operator						
John Smith Owner and Operator							
Signature of Owner/ Operator	Date						
Signature here	2003/01/01						

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.

OFFICIAL USE ONLY		D	DATE RECEIVED				REVIEWED BY		
DIV	BN	STA		OTHER	DISTRICT		CUPA	PA	



SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

		l.	FACIL	ITY IDENTI	FICATION	NC	
BUSINESS NAME						3	FACILITY ID # 1
	My Com	pany					Official use
SITE ADDRESS		_		103	CITY	104	ZIP CODE 105
	123 Any					Any Town	90000
		<u> .</u>	EMERC	SENCY CO			
	PRIMAR	Υ				SECONDARY	
NAME	John Sm	ith	123	NAME		Jane Smith	128
TITLE	301111 3111		124	TITLE		Jane Siniti	129
	Owner an	d Operator				Manager	.20
BUSINESS PHONE		•	125	BUSINESS	PHONE	-	130
OALIGUE BUONE	(000) 000-	0000	400	04 110115 5	IONE	(000) 000-0000	404
24-HOUR PHONE	(444) 444	4444	126	24-HOUR P	HONE	(333) 333-3333	131
PAGER #	(111) 111-	1111	127	PAGER #		(333) 333-3333	132
TAGEN "	(222) 222-	2222	121	I AGERT		(444) 444-4444	102
	IIÌ. ÉM	IERGENCY	RESPON	SE PLANS	AND P	ROCEDURES	
A. No	tifications						
		I aw to provid	e an immed	iate verbal ren	ort of any	release or threater	and release of a
nazardous material	to local fire em	ergency respo	nse personi	nel, this Unifie	d Prograr	n Agency (CUPA or	r PA), and the
						dous materials, imn	
•e e. =e.gee	,,					,	realisatery earns
		FIRE/	/PARAMEDIC	S/POLICE/SHE	KIFF		
		FIRE/		S/POLICE/SHE NE: 911	KIFF		
AFTER the local en			PHON	NE: 911		nis Unified Program	Agency and the
Office of Emergenc	y Services.	onse personne	PHON I are notified	NE: 911		nis Unified Program	Agency and the
Office of Emergenc LA. Co. Fire Dept. I	y Services. H.H.M.D.	onse personne (323) 89	PHONI I are notified	NE: 911 I, you shall the	n notify th	nis Unified Program	Agency and the
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SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

C.	Private Emergency Response	
DOES	YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPO	NSE TEAM? Yes No
	If yes, provide an attachment that describes what policies and proced	ures your business will follow to notify your
	on-site emergency response team in the event of a release or threaten	ed release of hazardous materials.
CLEAN	IUP/DISPOSAL CONTRACTOR	
	List the contractor that will provide cleanup services in the event of a re-	elease.
NAME	OF CONTRACTOR:	PHONE NO:
	Cleanup Incorporated	(777) 777-7777
ADDRE	ESS: 555 Any Street.	
CITY:	ood Ally Green	ZIP CODE:
	Any Town	90000
D.	Arrangements With Emergency Responders	
	If you have made special (i.e. contractual) arrangements with any policic contractor, or State or local emergency response team to coordinate erarrangements on the lines below: My company has made arrangements with our medical provider, Care in the event of emergencies.	mergency services, describe those
E.	Evacuation Plan	
1. The	following alarm signal(s) will be used to begin evacuation of the facility	(check all which apply):
⊠ Verb □ Pag		ress System ⊠ Intercom
2. 🔀 E	vacuation map is prominently displayed throughout the facility.	
been e	idividual(s) responsible for coordinating evacuation including spreading vacuated: Individual responsible for coordinating the evacuation will meet a for roll call.	-
F.	Earthquake Vulnerability	
	Identify areas of the facility where releases could occur or would requir because of the vulnerability to earthquake related ground motion.	e immediate inspection or isolation
	• • • • • • • • • • • • • • • • • • • •	uction Floor Process Lines
	Bench/ Lab Waste Treatment Other	<u>—</u>
	Denotive Lab Waste Treatment Durier	•
		nets
	Process Piping Shutoff Valves Other	

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

G. Emergency Procedures

Briefly describe your business standard operating procedures in the event of a release or threatened release of hazardous materials:

1. **PREVENTION** (prevent the hazard) - Describe the kinds of hazards associated with the hazardous materials present at your facility. What actions would your business take to prevent these hazards from occurring? You may include a discussion of safety and storage procedures.

The kinds of hazards associated with the hazardous materials in my facility are spills and leaks. Containers of

hazardous materials and hazardous wastes are stored with secondary containment. Containers are stored away

from drains, in leak-proof containers with tight fitting lids, and held until lawfully discarded.

Incompatible materials and wastes are stored separately.

Employees are trained on business plan measures, and are trained to handle materials using personal protective equipment such as gloves and safety glasses.

2. **MITIGATION** (reduce the hazard) – Describe what is done to lessen the harm or the damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, fire, explosion, or airborne release at your business?

Small spills are spills of minimal quantities that are contained and mitigated onsite by business employees.

The response to small spills is the following: Evacuate any unnecessary employees from the area of the spill.

Using absorbent materials, make sure that spilled material is contained and prevented from contaminating the ground, soil, water, or discharge off the property.

Large spills are spills of larger quantities that the business is unable to safely contain and mitigate without assistance and involve quantities of spilled materials that require reporting to the Fire Department. The response

to large spills is the following: Immediately notify employees to evacuate and call 911.

3. **ABATEMENT** (remove the hazard) – Describe what you would do to stop and remove the hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility?

The response to a limited spill is the following: Employees involved in the clean up of a spill will wear protective rubber gloves, safety glasses and additional protective clothing. Absorbed material will be placed in a leak-proof container that is compatible with the waste. The container will have a tight-fitting lid and be properly labeled as hazardous waste. The waste will be lawfully disposed as hazardous waste.

Necessary notifications shall be made to the Health Hazardous Materials Division of the Los Angeles County

Fire Department and to the State Office of Emergency Services (OES).



SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

IV. Emergency Equipment

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(3)] requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

the facility			nent Inventory Table meets this requirement.
1.	EMERGENCY EQUIPMENT 2.	NI INVENTOR	AY TABLE 4.
Equipment	Z. Equipment	3.	4.
Category	Type	Location *	Description**
Personal	☐ Cartridge Respirators	Location	Description
Protective,	☐ Carriage Respirators ☐ Chemical Monitoring Equipment (describe)		
Equipment,	☐ Chemical Protective Aprons/Coats		
Safety	Chemical Protective Aprons/Coats Chemical Protective Boots		
Equipment,	Chemical Protective Bools Chemical Protective Gloves	8-E	Rubber gloves
and	☐ Chemical Protective Suits (describe)	0-L	Rubbei gioves
First Aid	Face Shields		
Equipment		70/011	- C - 1112
	☐ First Aid Kits/Stations (describe)	7-C / 8-H	Two first aid kits available
	Hard Hats		
	Plumbed Eye Wash Stations		5 41 4 77 14 11
	☑ Portable Eye Wash Kits (i.e. bottle type)	8-C	Bottle type affixed to wall.
	Respirator Cartridges (describe)		
		8-E	Safety glasses for employees
	☐ Safety Showers		
	☐ Self-Contained Breathing Apparatuses (SCBA)		
F:	☑ Other (describe)		Steel toe shoes
Fire	Automatic Fire Sptinkler Systems		
Extinguishing	Fire Alarm Boxes/Stations	0540445050	
Systems	Fire Extinguisher Systems (describe)	3E4C4H7C7G	Five fire extinguishers on site
On ill	Other (describe)		
Spill	Absorbents (describe)	4-F	25 Pound absorbent bags
Control	Berms/Dikes (describe)		
Equipment and	Decontamination Equipment (describe)		
Decontamination	Emergency Tanks (describe)		
Equipment	Exhaust Hoods		
Equipment	Gas Cylinders Leak Repair Kits (describe)		
	Neutralizers (describe)	4-F	Baking soda available for acid.
	Overpack Drums		
	Sumps (describe)		
	○ Other (describe)	3-G	Three stage clarifier collects run-off
Communications	☐ Chemical Alarms (describe)		
and		10-E	Public announcement installed
Alarm	□ Portable Radios	10-E	Two-way radios
Systems	▼ Telephones	4-H	Telephones and cellular phones
	☐ Underground Tank Leak Detection Monitors		
	☐ Other (describe)		
Additional			
Equipment			
(Use Additional			
Pages if			
Needed.)			

- * Use the Location Codes (LC) from the Site Map(s) prepared for your Contingency Plan.
- ** Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.



Unified Program (UP) Form

CONSOLIDATED CONTINGENCY PLAN

SITE MAP

A site plan and storage map must be included with your Contingency Plan. For relatively small facilities, these documents may be combined into one drawing. Since these drawings are intended for use in emergency response situations, larger facilities (generally those with complex and/or multiple buildings) should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility Site Map has been provided on the reverse side of this page. You may complete that page or attach any other drawing(s) which contain(s) the information required below.

- 1. Site Plan: This drawing shall contain, at a minimum, the following information:
 - a. Site Orientation (north, south, etc.);
 - b. Approximate scale (e.g. "1 inch = 10 feet".);
 - c. Date the map was drawn;
 - d. Locations of all buildings and other structures;
 - e. Parking lots and internal roads;
 - f. Hazardous materials loading/unloading areas;
 - g. Outside hazardous materials storage or use areas;
 - h. Storm drain and sanitary sewer drain inlets:
 - i. Wells for monitoring of underground tank systems;
 - j. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas;
 - k. Adjacent property use;
 - I. Locations and names of adjacent streets and alleys;
 - m. Access and egress points and roads.
- 2. Storage Map(s): The map(s) shall contain, at a minimum, the following information:
 - a. General purpose of each section/area within each building (e.g. "Office Area", "Manufacturing Area", etc.);
 - b. Location of each hazardous material/waste storage, dispensing, use, or handling area (e.g. individual underground tanks, aboveground tanks, storage rooms, paint booths, etc.). Each area shall be identified by a unique location code number, letter, or name (e.g. "1", "2", "3"; "A", "B", "C", etc.);
 - c. Entrances to and exits from each building and hazardous material/waste room/area;
 - d. Location of each utility emergency shut-off point (i.e. gas, water, electric.);
 - e. Location of each monitoring system control panel (e.g. underground tank monitoring, toxic gas monitoring, etc.).

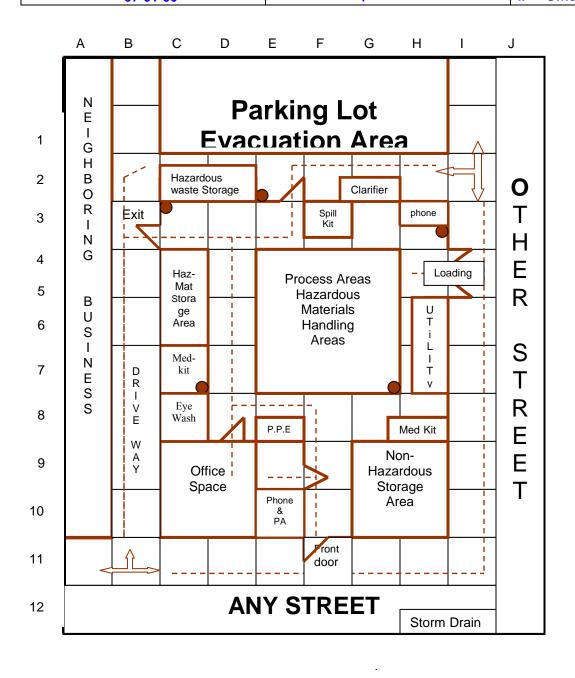
3. Map Legend

Item and/or Description	Location Code (LC)
Hazardous materials storage areas.	5-C and 6-C
Hazardous waste storage areas.	3-C and 3-D
Hazardous materials handling areas.	5-EFG, 6-EFG, and 7-EFG
Fire extinguishers.	3-E, 4-C, 4-H, 7-C and 7-G
Spill kit.	4-F
Clarifier.	3-G
Communication equipment.	10-E and 4-H
P.P.E.	8-E
Eye wash.	8-C
Emergency exits.	4-B and 3-F
Loading area.	5-I
Parking lot / Evacuation area.	1-CDEFGH and 2-CDEFGH
First Aid kit.	7-C and 8-H



SITE MAP

BUSINESS NAME					
	My Company				
SITE ADDRESS		103	CITY	ZIP CODE	
	123 Any Street		104	105	
			Any Town	90000	
DATE MAP DRA	AWN	MAP #		FACILITY ID #	106
	07-01-00	1		I. Official use only	



For Site Map

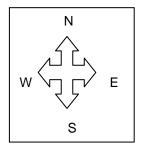
- Scale of Map
- Loading Areas
- Parking
- Lots
- Internal Roads
- Storm and Sewer Drains
- Adjacent Property Use
- Locations and Names of Adjacent Streets
 - and Alleys Access and Egress Points and

Roads

 Primary and Alternate Evacuation

Fire Extinguisher

Scale:
1"= 10 Ft.



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UNIFIED PROGRAM (UP) FORM HAZARDOUS WASTE GENERATOR

							Р	AGE	OF	
BUSINESS NAME: My Company										3
FACILITY ID # Official Use Only	1	NO. OF EMPLOY # here.	EES:		133b	EPA ID	# 00000000			2
•			OF G	ENED	ATOP	1				
		i. ITPE	L OF G	LINEK	AIUK					Α
PLEASE CHECK THE FO	DLLOWING B	OXES THAT APPL	_Y (Ched	k no mo	ore than	one box	per column)			
				SENERATO AL WAST			NON -RCRA GENERATOR (CALIFORNIA WASTE ONLY)			
LARGE QUANTITY GENERATO (>1000 KG HAZARDOUS WAS		1		[
SMALL QUANTITY GENERATO (>100 KG BUT <1000 KG HAZ		E PER MONTH)		[
CONDITIONALLY EXEMPT SM (< 100 KG HAZARDOUS WAST		GENERATOR								
,	,	II. WAS	TE ST	REAM	IDENT	IFICAT	ION			
PLEASE COMPLETE TH			JCTION	S FOR C	CODES	AND EXI				
PROCESS B	WASTE DESCR	RIPTION C	WASTE	ID D	AMOUN PER YE		STORAGE METHOD		POSAL THOD	G
Oil change	Waste oil		2:	21	1000		Α		D	
Radiator flush	Waste coola	ant	1;	32	1	10	A		D	
Aqueous cleaning	Aqueous wa	asher solution	1:	34	,	40	A		D	
			•		•		ı			
I certify that the informati	on provided h	erein is true and a	ccurate t	to the be	est of my	/ knowled	dge.			
OWNER/OPERATOR NAME	John Smith		Н			TOR TITLE				I
OWNER/OPERATOR SIGNATU		Owne DATE	r and C	perator				J		
	re		2003/	01/01						
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CUPA				רפוח	TRICT		INIC	SPECTOR	₹	



(one page per material per building or area) 200 **X**ADD **□**DELETE REPORTING YEAR □REVISE 2003 Page of **FACILITY INFORMATION** BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3 My Company CHEMICAL LOCATION CHEMICAL LOCATION CONFIDENTIAL 202 (EPCRA) ☐ YES 🔀 NO West interior wall of property GRID# (optional) 204 MAP# (optional) FACILITY ID# 5-C and 6-C II. CHEMICAL INFORMATION CHEMICAL NAME 205 TRADE SECRET ☐ Yes 206 **Petroleum Lubricating Oil** If Subject to EPCRA, refer to instructions 207 208 Motor Oil 10W-40 EHS* **COMMON NAME** ☐ Yes 🛛 No 209 *If EHS is "Yes", all amounts below must be in lbs. N/A CAS# 210 FIRE CODE HAZARD CLASSES (Complete if required by CUPA) H-1, F-1, R-0 213 HAZARDOUS MATERIAL CURIES N/A RADIOACTIVE ☐Yes ⊠No 212 211 ⊠b. MIXTURE TYPE (Check one item only) a. PURE C. WASTE 215 PHYSICAL STATE 55 214 LARGEST CONTAINER ☐ a. SOLID 🖾b. LIQUID C. GAS (Check one item only) FED HAZARD CATEGORIES 216 □ b. REACTIVE □ c. PRESSURE RELEASE □ d. ACUTE HEALTH ☑ e. CHRONIC HEALTH (Check all that apply) a. FIRE MAXIMUM DAILY AMOUNT AVERAGE DAILY AMOUNT 217 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220 55 110 N/A N/A 222 DAYS ON SITE: ⊠a. GALLONS □b. CUBIC FEET □ c. POUNDS □ d. TONS LINITS* 365 (Check one item only) If EHS, amount must be in pounds STORAGE ☐ e. PLASTIC/NONMETALLIC DRUM q. RAIL CAR CONTAINER a. ABOVE GROUND TANK ☐ i.FIBER DRUM ☐ m. GLASS BOTTLE ☐ b. UNDERGROUND TANK f. CAN □ n. PLASTIC BOTTLE □ r. OTHER ☐ j. BAG ☐ c. TANK INSIDE BUILDING g. CARBOY ☐ k. BOX O. TOTE BIN ☐ h. SILO p. TANK WAGON ☑ d. STEEL DRUM ☐ I. CYLINDER 223 STORAGE PRESSURE a. AMBIENT □ b. ABOVE AMBIENT □ c. BELOW AMBIENT 224 STORAGE TEMPERATURE ☐ b. ABOVE AMBIENT 🛛 a. AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225 CAS# %WT HAZARDOUS COMPONENT (For mixture or waste only) **EHS** ☐ Yes ☐ No 1 226 229 2 ☐Yes ☐ No 230 231 232 233 3 234 ☐ Yes ☐ No 236 237 239 ☐Yes ☐ No 241 238 240 ☐Yes ☐No 5 244 245 If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required 246 ADDITIONAL LOCALLY COLLECTED INFORMATION If EPCRA, Please Sign Here (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.) OFFICIAL USE ONLY REVIEWED BY DATE RECEIVED

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	1		West	inte	rior	area of	pro	per	ty		1 1	L	10 D#	(optional)	,	203	_	t (optional)	204
FACILITY ID#												IV	VIAC#	(optional)		200		B-C and 3-D	204
					II	. CHEN	/IIC/	AL II	NF	ORI	TAN	ION	1						
CHEMICAL NAME													205	TRADI	SEC	RET		☐ Yes	206
													207		I	f Subject t		refer to instructions	200
COMMON NAME			Used	l oil									207	EHS*				Yes No	208
CAS#													203	*If EHS	S IS "Y	es", all a	mounts	below must be in I	DS. 210
FIRE CODE HAZAR HAZARDOUS MATERI	IAL									2	11	RADI	IOACT	IVE 🔲	Ves Ix	1No	212	CURIES N/A	213
TYPE (Check one item	only)		a. PURE	□b. I	MIXTU	URE 🛚	c. W	ASTE			·· '	(/ (D)	10/101		103	3140	212	CORIES IVA	245
PHYSICAL STATE (Check one item only)			a. SOLID	⊠b.	LIQU	IID 🗆] c. G	AS		2	14 [LARC	GEST	CONTAIN	IER	55			215
FED HAZARD CATEGO (Check all that apply)	ORIES		a. FIRE	☐ b.	REA	CTIVE [] c. P	RESS	SURI	E REI	EASE	Ē	☐ d.	ACUTE H	IEALTH	l ⊠ e.	CHRONI	C HEALTH	216
AVERAGE DAILY AMO	DUNT		217	MAX	XIMU	M DAILY A	MOU	NT		2	18	ANN	UAL W	ASTE AN	MOUNT	•	219 ST	ATE WASTE CODE	220
25	25 110								1000				221						
UNITS* UNITS* (Check one item only) DAYS ON SITE: 1 DAYS ON SITE: 365									222										
			UND TANK] e. Pl] f. C	LASTIC/NO	ONME	TALL	IC D	DRUM	_	i . FII j. BA				LASS BO		☐ q. RAIL CAR ☐ r. OTHER	
□ c.	TANK II	NSIDE	BUILDING] g. C	ARBOY						k. BC	XC	[☐ o. T	OTE BIN	1		
⊠ d.	STEEL	DRUM	1] h. S	ILO						I. CY	YLINDE	ER	□ p. T	ANK WA	GON		223
STORAGE PRESSUR	E		a. AMBIEI	NT		□ b. ABO\	VE AN	MBIEN	1T		□ c.	BEL	OW A	MBIENT					224
STORAGE TEMPERAT	TURE		a. AMBIE	NT	[b. ABO	VE AN	MBIEN	١T		☐ c.	BEL	_OW A	MBIENT		d. CRY	OGENIC		225
%WT	HAZ	ZARD	OUS CO	OMP	ONE	NT (For	mixt	ure o	or w	vaste	only	/)		EH	S			CAS#	
1 100 % 226	Use	d Pe	troleum	Oil								227		Yes 🛚	No	228		N/A	229
2 230												231	□/	′es □	No	232			233
3 234												235		Yes 🗌	No	236			237
4 238												239	Y	′es 🗌	No	240			241
5 242												243	_\	′es 🗌	No	244			245
If more hazardous compo	onents ar	e prese	nt at greate	than 1	l% by	weight if no	n-carc	inoge	nic, d	or 0.1%	% by we	eight	if carci	nogenic, a	ttach ac	ditional	heets of p	aper capturing the requ	iired
ADDITIONAL LOCA	LLY C	OLLEC	CTED INF	ORM	ATIC	DN													246
If EPCRA, Please Si (Facilities reporting 0			ıbject to E	PCR/	A rep	porting thi	resho	olds m	nust	t sign	each	n Che	emica	ıl Descrij	otion p	age for	each El	PCRA reported che	emical.)

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CHEMICAL LO	CATIC	DΝ			No	orth	exterio	r wa	ıll of	f pi	rope	rtv		201	(EPCRA)		YES	NFIDENTIAL NO	202	
FACILITY ID #										ľ		1	М	ЛАР#	(optional)	203	GRID	0# (optional)	204	
									<u> </u>	<u> </u>		<u> </u>		_	1			3-D		
						IJ	. CHE	MIC	AL II	NF	ORN	/IAT	ION							
CHEMICAL NA	ME													205	TRADE S		to EPCRA,	☐ Yes ☒ No , refer to instructions	206	
COMMON NAM	1E				W	aste	Coola	nt						207	EHS*			☐ Yes ☒ No	208	
CAS#					10	7-2 1	-1							209	*If EHS is	"Yes", all	amounts	s below must be in lbs		
FIRE CODE HA	ZARI	CLASS	SES	(Complet	e if requ	ired by	CUPA)												210	
HAZARDOUS MA TYPE (Check one			□a	a. PURE	□b	. MIXT	URE D	c. W.	ASTE		2	11	RADI	IOACT	IVE □Yes	⊠No	212	CURIES N/A	213	
PHYSICAL STAT	_		П	a. SOLII) Mh	LIOI	JID [☐ c. G	AS		2	14	LARG	215 ARGEST CONTAINER 55						
FED HAZARD CA	• • •	RIES					!	_											216	
(Check all that app										220										
AVERAGE DAILY							ANNL	UAL W	AL WASTE AMOUNT 219 STATE WASTE CODE											
	40 55						110 132 221 DAYS ON SITE:													
UNITS* (Check one item of	heck one item only) * If EHS, amount must be in pounds.						. TON	NS			· DAT	365	222							
STORAGE CONTAINER	ПаА	BOVE G	ROL	IND TAI	νκ	⊠ e P	I ASTIC/N	IONME	TAI I	IC I	DRUM	П	i FIB	BFR D	RUM □ m	GLASS B	OTTLE	g. RAIL CAR		
CONTAINER ☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER																				
	☐ c. T	ANK INS	IDE I	BUILDIN	G	□ g. C	CARBOY						k. BO	ΟX	□ o	. TOTE BI	N			
	☐ d. \$	STEEL DI	RUM			☐ h. S	ILO						I. CY	/LINDE	R p	. TANK W	AGON		223	
STORAGE PRES	SSURE		X :	a. AMBI	ENT		□ b. ABC	VE AN	MBIEN	NΤ		□ c.	BELO	OW AI	MBIENT				224	
STORAGE TEMP	ERATI	JRE		a. AMB	IENT		□ b. AB0	IA 3VC	MBIEN	NT		□ c.	BEL	OW A	MBIENT	d. CR	YOGENIC		225	
%WT		HAZA	ARD	OUS (COMF	PONE	NT (Fo	r mixt	ture	or v	waste	onl	y)		EHS			CAS#		
1 50%	226	Ethyle	ene	Glyc	ol								227	ı ر	∕es ⊠ No	228	107-2 1	1-1	229	
2	230												231	□Y	es □ No	232			233	
3	234												235	`	∕es □ No	236			237	
4	238												239	□Y	es 🗌 No	240			241	
5	242												243	□Y	es □No	244			245	
If more hazardous of information.	compor	ents are p	oresei	nt at grea	ter thar	1% by	weight if n	on-card	cinoge	nic,	or 0.1%	6 by w	eight i	if carci	nogenic, attac	h additional	sheets of	paper capturing the require	ed	
ADDITIONAL L	ADDITIONAL LOCALLY COLLECTED INFORMATION 246																			
If EPCRA, Plea (Facilities repor			s su	bject to	EPCI	RA re	porting th	nresho	olds n	nus	st sign	eaci	h Che	emica	l Descriptio	n page foi	each E	EPCRA reported chen	nical.)	
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BUSINESS NAME (Same	as FAC	CILITY N			SA – Doing Ipany	g Bus	siness	s As)								3	
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OHENHOAE EOOAT	1014			Mat	erial	s hand	ling	are	а				(EPCRA)			NO NO		
FACILITY ID #											1	MAP#	(optional)	203	GRID#	‡ (optional)	204	
													1			5-E		
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CHEMICAL NAME				_								205	TRADE S			☐ Yes	206	
				Ace	_							207	E110*	If Subject to		refer to instructions	208	
COMMON NAME						gas						209	EHS*	"X" -II -		Yes No		
CAS#				74-8			4 =	4 5	_				"II EHS IS	res, all a	mounts	below must be in lb	S. 210	
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) H-4, F-4, R-2												213						
HAZARDOUS MATER TYPE (Check one item		⊠ a	a. PURE	□b.	міхті	URE 🗆	c. W	ASTE		211	R/	RADIOACTIVE ☐Yes ☒No 212 CURIES N/A						
PHYSICAL STATE (Check one item only)	eitem only) ☐ a. SOLID ☐b. LIQUID ☑ c. GAS 214 LARGEST CONTAINER									382	215							
FED HAZARD CATEG (Check all that apply)	ORIES		a. FIRE	□b	. REA	CTIVE 🗵	c. P	RESS	SURE F	RELE	ASE	☐ d.	ACUTE HEA	LTH 🗆 e.	CHRON	IC HEALTH	216	
AVERAGE DAILY AMO	TNUC		217	MA	XIMU	M DAILY A	MOU	NT		218	A١	INUAL W	/ASTE AMOL	JNT	219 ST	TATE WASTE CODE	220	
382	382 382										N/A			N/A				
UNITS* (Check one item only)	UNITS*										222							
STORAGE CONTAINER										223								
STORAGE PRESSUR	?F	П	a. AMBIE	NT	F.	■ b. ABO	/F AN	/BIFN	T	П	c B	FI OW A	MBIENT				224	
STORAGE TEMPERA			a. AMBIE			b. ABO							MBIENT	d. CRY	OGENIC		225	
%WT	HA	AZARD	OUS C	OMP	ONE	NT (For	mixt	ure o	or was	ste c	nly)		EHS			CAS#		
1 226											22	7 🗆	Yes 🗌	228			229	
2 230											23	1 🔲	∕es □ No	232			233	
3 234											23	5 🗆	Yes 🗌 No	236			237	
4 238											23	9 🔲	∕es □ No	240			241	
5 242											24	3 🔲	∕es □No	244			245	
If more hazardous compo information.	onents	are prese	nt at greate	er than	1% by	weight if no	n-carc	inoge	nic, or 0).1% b	y weig	ht if carc	inogenic, attac	h additional s	heets of p	aper capturing the requi	red	
ADDITIONAL LOCA	LLY (COLLEC	CTED IN	FORM	IATIC	ON											246	
If EPCRA, Please S (Facilities reporting			ıbject to i	EPCR	'A rej	porting thi	reshc	olds n	nust si	ign ea	ach (Chemica	al Descriptio	n page for	each E	PCRA reported che	mical.)	
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			ILITY IN		TION	Į						
BUSINESS NAME (Same as FACILITY NA	AME or DBA – Doir My Company	•	s As)							3	
CHEMICAL LOCATI	ON			oronorti	•	201	CHEMICAL (EPCRA)		ON CON YES		202	
		West interior	wall of p	oroperty	1	MAP#	(optional)	203		(optional)	204	
FACILITY ID#							1			6-C		
		II. CHE	MICAL I	NFORM	ATIC	N			I			
CHEMICAL NAME						205	TRADE SEC	CRET	[☐ Yes	206	
		Perchloroeth	ylene					If Subject to	EPCRA, r	efer to instructions		
COMMON NAME		PERC				207	EHS* ☐ Yes ☒ No 208					
CAS#	S# 127-18-4							'es", all a	mounts	below must be in lb		
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) H-4, F-0, R-4												
HAZARDOUS MATERI TYPE (Check one item	ADIOACT	TVE □Yes	No	212	CURIES N/A	213						
PHYSICAL STATE (Check one item only)	a. SOLID	⊠b. LIQUID	□ c. GAS	21	4 LA	RGEST	CONTAINER		80		215	
FED HAZARD CATEGO (Check all that apply)	ORIES □ a. FIRE	□ b. REACTIVE [C. PRES	SURE REL	EASE	⊠ d.	ACUTE HEALT	Н ⊠ е.	CHRONI	C HEALTH	216	
AVERAGE DAILY AMO	OUNT 217	MAXIMUM DAILY	AMOUNT	21	8 AN	NUAL W	ASTE AMOUN	Т	219 ST	ATE WASTE CODE	220	
45	80						N/A			N/A		
UNITS*								221	DAYS	365 ON SITE:	222	
□ b.	ABOVE GROUND TANK UNDERGROUND TANK	f. CAN	NONMETALI	LIC DRUM	☐ j. E	BAG	☐ n.	PLASTIC	BOTTLE	q. RAIL CAR		
-	TANK INSIDE BUILDING STEEL DRUM	☐ g. CARBOY ☐ h. SILO			□ k.	BOX CYLINDI		TOTE BIN				
_								TANK WA	GON		223	
STORAGE PRESSUR	E 🛚 🛮 a. AMBIEI	NT 🗆 b. ABC	OVE AMBIEI	NT [c. Bl	ELOW A	MBIENT				224	
STORAGE TEMPERAT	TURE ⊠ a. AMBIE	NT 🗆 b. ABO	OVE AMBIE	NT [] c. B	ELOW A	MBIENT [d. CRY	OGENIC		225	
%WT	HAZARDOUS CO	OMPONENT (Fo	r mixture	or waste	only)		EHS			CAS#		
1 226					22	27	Yes ☐ No	228			229	
2 230					23	i1 🔲 \	′es □ No	232			233	
3 234					23	55 🗆	Yes 🗌 No	236			237	
4 238					23	19 🗆 /	∕es □ No	240			241	
5 242					24	13 <u>\</u> \	∕es □No	244			245	
If more hazardous compoinformation.	nents are present at greater	r than 1% by weight if n	on-carcinoge	enic, or 0.1%	by weig	ht if carc	nogenic, attach a	dditional s	heets of pa	aper capturing the requi	red	
	LLY COLLECTED INF	FORMATION									246	
If EPCRA, Please Si (Facilities reporting (gn Here Chemicals subject to E	EPCRA reporting to	hresholds i	nust sign	each C	Chemica	I Description	page for	each EF	PCRA reported che	mical.)	

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		_	_							(one pa		al per buildin	
⊠ADD	□DELETI		REVISE				TING	YEAR 200)3		200	Page o	f
			CILITY II		ITAN	ON							
BUSINESS NAME (Same as FACILITY NA			ess As)									3
		My Compa	ny			00.	4 1						000
CHEMICAL LOCATI	ION	Materials h	nandling a	area		201	U.	HEMICAL I PCRA)			NFIDENTI NO	AL	202
FACILITY ID#						¹ MAF	P# (option	onal)	203	GRID#	# (optional)		204
171012111111111							1				4-E		
		II. CH	HEMICAL	INFOF	RMA								
CHEMICAL NAME						205	5 TF	RADE SEC	RET		☐ Yes	⊠ No	206
		Propane					_	ı	f Subject to	EPCRA,	refer to instru	ctions	
COMMON NAME		Liquid Pet	roleum G	as		207		HS*				⊠ No	208
CAS#		74-98-6				209	⁹ *If	EHS is "Y	es", all a	mounts	below mu	st be in lb	
FIRE CODE HAZAR	D CLASSES (Complete i	required by CUPA)	H-1, F-4,	R-0							T		210
HAZARDOUS MATERI TYPE (Check one item		□b. MIXTURE	C. WAST	ΓE	211	RADIOA	CTIVE	□Yes	No	212	CURIES	N/A	213
PHYSICAL STATE (Check one item only)	a. SOLID	□b. LIQUID	🛚 c. GAS		214	LARGES	ST CON	ITAINER	271				215
FED HAZARD CATEGO (Check all that apply)	ORIES ☑ a. FIRE	□ b. REACTIVE	E ⊠ c. PRE	SSURE R	RELEA	SE 🗆 c	d. ACU	ITE HEALTH	l □ e.	CHRON	IC HEALT	Н	216
AVERAGE DAILY AMO	OUNT 217	MAXIMUM DAI	LY AMOUNT		218	ANNUAL	WAS	TE AMOUNT	- :	219 S	TATE WAS	TE CODE	220
542					N	/A			N/				
UNITS*									221	DAY	S ON SITI <mark>36</mark>		222
STORAGE	ABOVE GROUND TANK		C/NONMETA] i.FIBER	DDIII	4 🗆 0	1 A C C D C	TTI F	□ ~ DAI	LCAD	
	UNDERGROUND TANK	f. CAN	C/NONVIETA	LLIC DRU		j i . FIBER] j. BAG	K DKUI		LASS BO LASTIC I		q. RAI		
□ c.	TANK INSIDE BUILDING	g. CARBO	Υ			k. BOX		□ o. 1	OTE BIN				
□ d.	STEEL DRUM	h. SILO				I. CYLIN	NDER	☐ p. T	ANK WA	GON			223
STORAGE PRESSUR	E a. AMBIEN	NT 🔀 b. A	ABOVE AMBI	ENT		c. BELOW	/ AMBII	ENT					224
STORAGE TEMPERAT	ΓURE ⊠ a. AMBIEI	NT 🗆 b. /	ABOVE AMBI	ENT		c. BELOW	V AMBI	ENT	d. CRY	OGENIC			225
%WT	HAZARDOUS CO	OMPONENT (For mixture	e or was	ste or	nly)		EHS			CAS	S #	
1 226						227] Yes	□No	228				229
2 230						231	Yes	□No	232				233
3 234						235] Yes	□No	236				237
4 238						239]Yes	□No	240				241
5 242						243	Yes	□No	244				245
	nents are present at greater	than 1% by weight	if non-carcino	genic, or 0	.1% by	weight if ca	arcinoge	enic, attach a	dditional s	heets of p	aper capturi	ng the requi	red
information.	LLY COLLECTED INF	ORMATION											246
ADDITIONAL LOCA	LLT COLLECTED INF	ORIVIATION											
If EPCRA, Please Si (Facilities reporting)	ign Here Chemicals subject to E	PCRA reporting	g thresholds	s must si	gn ea	ch Chemi	ical De	escription p	age for	each E	PCRA rep	orted che	mical.)

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							(one pa	ge per mat	erial per buil	ding or area)
⊠ADD	□DELET	E □REVIS	SE	REP	ORTI	NG YEAR 2003		200	Page	of
		I. FACILIT	Y INFORMA	TION						
BUSINESS NAME (Same as FACILITY NA	ME or DBA – Doing B	usiness As)							3
		My Company								
CHEMICAL LOCAT	ION				201	CHEMICAL LOCATI				202
		Materials handli	ng area			(EPCRA)	YES	⊠ N	0	
FACILITY ID#				1 N	ЛАР#	(optional) 203	GRID#	# (optional)	204
FACILITY ID#						1		4-	Ε	
		II. CHEMIC	AL INFORM	IATION	1					
CHEMICAL NAME					205	TRADE SECRET		☐ Yes	⊠ No	206
		Carbon dioxide				If Subject t	o EPCRA,	refer to ins	tructions	
COMMON NAME		CO2			207	EHS*		□ Yes	⊠ No	208
CAS#		124-38-9			209	*If EHS is "Yes", all a	amounts			lbs.
	RD CLASSES (Complete i									210
HAZARDOUS MATER	, ,	required by COPA)								213
TYPE (Check one item		□b. MIXTURE □ c. V	VASTE 21	1 RAD	IOACT	ΓIVE □Yes ⊠No	212	CURI	ES N/A	
PHYSICAL STATE	**									215
(Check one item only)	a. SOLID	□b. LIQUID 🛛 c.	GAS 21	4 LARG	GEST	CONTAINER	1	75		
FED HAZARD CATEG	ORIES			L						216
(Check all that apply)	a. FIRE	☐ b. REACTIVE 🛛 c.	PRESSURE REL	EASE	□ d.	ACUTE HEALTH	CHRON	IC HEAL	_TH	
AVERAGE DAILY AMO	DUNT 217	MAXIMUM DAILY AMO	UNT 21	8 ANN	UAL V	VASTE AMOUNT	219 S	TATE WA	STE CODE	E 220
350		350				N/A			N/A	
						221	DAY	S ON SI		222
UNITS* (Check one item only)	□a. GALLONS	b. CUBIC FEET * If EHS, amount mu		d. TON	NS			3	65	
STORAGE	ADOVE ODOUBLE TABLE		•	_ · ·	DED 5	DUIM) TT! F			
	ABOVE GROUND TANK UNDERGROUND TANK	☐ e. PLASTIC/NONN ☐ f. CAN	METALLIC DRUM	☐ j. BA		RUM ☐ m. GLASS B ☐ n. PLASTIC			AIL CAR OTHER	
□ c.	TANK INSIDE BUILDING	g. CARBOY		☐ k. B0	ЭX	o. TOTE BI	١			
□ d.	STEEL DRUM	h. SILO		☑ I. CY	YLIND	ER p. TANK WA	GON			223
STORAGE PRESSUR	E 🔲 a. AMBIEI	NT 🛛 b. ABOVE A	AMRIENT F	c. BEL	ΟW Δ	MRIENT				224
	_	_								
STORAGE TEMPERA	TURE 🛛 a. AMBIEI	NT b. ABOVE	AMBIEN I [c. BEL	_OW A	AMBIENT d. CRY	OGENIC			225
%WT	HAZARDOUS CO	OMPONENT (For mix	xture or waste	only)		EHS		CA	AS#	
1 226				227		Yes □ No 228				229
1 220				221		Tes 🗆 110 220				223
2 230				231		res □ No 232				233
						.00 🗀 .10				
3 234				235		Yes ☐ No 236				237
4 238				239		res □ No 240				241
5 040				0.40		/aa 🗆 Na 💮 044				045
5 242				243	<u> П</u>					245
If more hazardous compo information.	onents are present at greater	than 1% by weight if non-ca	arcinogenic, or 0.1%	by weight	if carc	inogenic, attach additional s	sheets of p	aper capt	uring the re	quired
ADDITIONAL LOCA	LLY COLLECTED INF	ORMATION								246
If EPCRA, Please S	ign Here									
		PCRA reporting threst	holds must sign	each Ch	emica	al Description page for	each E	PCRA re	eported cl	hemical.)
1										



IIAZA	ANDOOS MATI	EINIALO IIIVEI	1101(1 -	(one page per mat							
⊠ADD	□DELET				PORTII	NG YEAR 2003	²⁰⁰ Page of				
			TY INFORM	IATION							
BUSINESS NAME (Same as FACILITY NA		Business As)						3		
CHEMICAL LOCAT	ION	My Company			201	CHEMICAL LOCATI	ON CO	JEIDENTIAL	202		
CHEMICAL LOCATI	ION	Matariala bandi						NO NO			
		Materials handl	ing area	1	MAP#	(optional) 203		# (optional)	204		
FACILITY ID #						1	0.1.2	5-E			
		II. CHEMI	CAL INFOR	MATIO	N	•	1				
CHEMICAL NAME					205	TRADE SECRET		☐ Yes ☒ No	206		
		Helium				If Subject t	o EPCRA,	refer to instructions			
COMMON NAME		Helium gas			207	EHS*		☐ Yes ☒ No	208		
CAS#		7440-59-7			209	*If EHS is "Yes", all a	amounts	below must be in lbs			
FIRE CODE HAZAR	D CLASSES (Complete	f required by CUPA)							210		
HAZARDOUS MATER				211 RAE	NOACT	TVE □Yes ⊠No	212	CURIES N/A	213		
TYPE (Check one item	only) 🛛 a. PURE	□b. MIXTURE □ c.	WASTE	2 10.6	310/101	100 210		CONIES IVA	045		
PHYSICAL STATE (Check one item only)	a. SOLID	□b. LIQUID 🛛 c	. GAS	214 LAR	RGEST	CONTAINER	2	275	215		
FED HAZARD CATEG			DDE COLLDE D			**************************************	OUDON		216		
(Check all that apply)	a. FIRE	□ b. REACTIVE ☑ c				ACUTE HEALTH					
AVERAGE DAILY AMO	DUNT 217	MAXIMUM DAILY AMO	OUNT	218 ANN	NUAL W	/ASTE AMOUNT	219 S	TATE WASTE CODE	220		
275		275				N/A	1	N/A			
UNITS* (Check one item only)	□a. GALLONS	S ⊠b. CUBIC FEET * If EHS, amount m	c. POUNDS		NS	221	DAY	S ON SITE: 365	222		
	ABOVE GROUND TANK		METALLIC DRU					q. RAIL CAR			
_	UNDERGROUND TANK TANK INSIDE BUILDING	f. CAN		☐ j. B.		□ n. PLASTIC □ o. TOTE BIN		☐ r. OTHER			
_	STEEL DRUM	☐ g. CARBOY ☐ h. SILO		□ k. B	YLINDE	_					
STORAGE PRESSUR			AMBIENT	c. BE					223		
STORAGE TEMPERA				c. BE			OGENIC		225		
%WT		OMPONENT (For m				EHS		CAS#			
70VV I	TIAZANDO03 CO	JIVII OINLINI (I OI III	iixture or was	ite Offiy)		LIIO		UAG#			
1 226				227		Yes ☐ No 228			229		
2 230				231	□Y	∕es □ No 232			233		
3 234				235		Yes □ No 236			237		
						/a.a. □ Na			044		
4 238				239	ı	∕es □ No 240			241		
5 242				243					245		
information.	onents are present at greate	r than 1% by weight if non-c	carcinogenic, or 0.	1% by weigh	t if carci	inogenic, attach additional s	sneets of p	paper capturing the require			
ADDITIONAL LOCA	LLY COLLECTED INF	ORMATION							246		
If EPCRA, Please S (Facilities reporting)	ign Here Chemicals subject to E	EPCRA reporting thres	sholds must sig	gn each Cl	hemica	al Description page for	each E	PCRA reported chem	nical.)		



For your convenience:

Copies of the Full and Short Version of the THE CUPAs OF LOS ANGELES COUNTY UNIFIED PROGRAM (UP) FORM and individual pages of the form are available for download at one of the following CUPA or PA web sites:

<u>Los Angeles County Fire Department</u> (http://fire.lacounty.gov/HealthHazMat/HHMDForms.asp)